

Quarterly Report Of Frozen Dairy Dessert And Frozen Dairy Dessert Mix For Retail
[Imported Into The State Of Kansas By Milk Distributors Or Manufactured By Kansas Plants]

Please return fee and form to:
Kansas Department of Agriculture
RECORDS CENTER - DAIRY
109 SW 9th Street
Topeka KS 66612

Company _____
Address _____
Plant Location _____

<u>Qtr #</u>	<u>Dates of Quarter</u>	<u>Date due</u>	<u>Plant Number</u> _____
1	January 1 - March 31	April 30	
2	April 1 - June 30	July 31	Kansas Dairy License Number _____
3	July 1 - September 30	October 31	
4	October 1 - December 31	January 31	For Quarter _____ of _____

Tax Due is \$1.50 per 1,000 gallons, or any fraction of 1,000 gallons

Section 1) Total gallons of Frozen Dairy Desserts.

Ice Cream/Frozen Custard	_____ gallons	\$ _____
Ice Milk	_____ gallons	\$ _____
Sherbet	_____ gallons	\$ _____
Frozen Yogurt	_____ gallons	\$ _____
Other Frozen Dairy Dessert	_____ gallons	\$ _____

[Include novelties such as bars, sandwiches, cups, etc.]

Section 2) Total gallons of Frozen Dairy Dessert Mixes for retail sale only.

Ice Cream Mix	_____ gallons	\$ _____
Ice Milk/Milkshake Mix	_____ gallons	\$ _____
Milk Sherbet Mix	_____ gallons	\$ _____
Frozen Yogurt Mix	_____ gallons	\$ _____
Other Frozen Dairy Dessert Mix	_____ gallons	\$ _____

A. Gallons are reported:

- A1. Total of sections 1 and 2 \$ _____
- A2. **Minimum fee of \$ 7.50 is required**

Total Fees: A1 or A2 (Whichever is greater) \$ _____ . _____

This report is due in the office of the Dairy Commissioner on or before April 30, July 31, October 31, and January 31. **A penalty of 1% shall be accessed in delinquent fees for each day such fees are delinquent or \$5.00, whichever is larger.**

For and on behalf of the applicant, I, the undersigned, hereby authorize the Secretary of the Kansas Department of Agriculture or his/her authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the fee due under the dairy law to the State of Kansas. (K.S.A. 65-702)

I hereby attest that the information in this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. I also certify that I am authorized to sign this report.

_____	_____	_____
Date	Signature	Title

For Office Use Only

_____, _____, _____ . _____ Gal. \$1.50 \$ _____, _____ . _____ DPT _____

